



TB Times



Shirley Fannin, M.D.
Director, Disease Control Programs

Paul T. Davidson, M.D.
Director, Tuberculosis Control Program

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A Note From Dr. Davidson

This issue of the TB Times includes detailed data from the Los Angeles County mandate that requires students entering a Los Angeles County school for the first time, and having never before attended a school in the State of California, to present evidence of a tuberculosis skin test. If the skin test is positive for tuberculosis, a chest x-ray must be done to rule out communicable tuberculosis. This program began in 1985 and continues to date. A task force involving the schools, the American Lung Association and the medical community was set up to implement and support the program. The task force has reconvened every five years to assess the program and propose any changes. To date there have been no changes made, a testimony to the dedicated work and cooperation of all the many people in the community—parents, teachers, school administrators, health care workers, and the staff at TB control. This program was launched without additional budget appropriations by any of the entities involved. It has been widely accepted as of value to the community in general.

The year 2000 will be another review year. We have considerable data and experience with the program. The TB Control Staff are planning to evaluate the available data in greater detail and also undertake some validation studies to present to the task force. The percentage of children with a positive skin test overall appears to be declining as does the total number of foreign-born children entering school each year. The positive reactor rate in foreign-born children overall does not seem to have changed much during the past 15 years. However, there may be an increasing trend in percentage of foreign-born Kindergartners with a positive reaction during the past 3 years.

All of this will be food for thought during the deliberations of the year 2000 task force. A new millennium may well deserve a new approach for this program. In the meantime, I am eternally grateful for all of the support and hard work that so many people have given over the years to make this program such an amazing success.

Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A. Participants must sign-in to receive applicable CME credit. Late arrivals of 15 minutes for a 1 hour program or 30 minutes for a 2 hour program will not receive CME credit.

Current Issues in Tuberculosis:
"Managing the Co-Infected TB/HIV Patient -
What are Research Studies Revealing as the
New Millennium Approaches?"

Brenda Jones, M.D.,
Associate Professor of Clinical Medicine,
University of Southern California School of Medicine

December 3, 1999

9:00 am - 10:15 am

Orthopaedic Hospital - Andrew Norman Hall

December 3, 1999

10:30 am - 12:00 pm

In lieu of the x-ray conference at Orthopaedic Hospital, cases that require immediate consultation will be presented in Dr. Davidson's conference room at TB Control Headquarters.

**EVERYONE IS INVITED TO JOIN THE STAFF OF
TB CONTROL FOR A HOLIDAY OPEN HOUSE.
COME SHARE SOME HOLIDAY CHEER -
SEE WHAT'S NEW AND HAPPENING AT
TB CONTROL.**

TB Case Presentations

Hanh Q. Le, M.D.

December 17, 1999

9:00 am - 11:30 am

TB Control Program Headquarters

Nursing Intensive - "TB 101"

December 21, 1999

8:30 am - 4:30 pm

TB Control Program Headquarters

MDR Case Clusters in Los Angeles

The Los Angeles County Tuberculosis Control Program and the Los Angeles County Public Health Laboratory recently collaborated to analyze certain characteristics of multidrug-resistant tuberculosis (MDR-TB) cases and contacts. An MDR-TB case was defined as a person whose isolate demonstrated resistance to at least INH and rifampin, and whose medical history and clinical data were consistent with the susceptibility results.

While traditional contact investigation was initially used to identify infected patient clusters, molecular typing was performed to identify clusters that may have been missed by standard epidemiological methods. There were 6,581 culture positive cases of TB identified between 1993 and 1998; 140 (2.0%) were MDR-TB. California and national levels of MDR-TB have been reported at 1.4% and 1.6% respectively. A total of 98 isolates of MDR-TB were analyzed by restriction fragment length polymorphism (RFLP). Ninety-six were clinically confirmed cases, and 2 had MDR-TB susceptibility results but did not meet the clinical case definition. A cluster was defined as two or more isolates from different patients whose RFLP patterns were identical or differed by no more than 1 band.

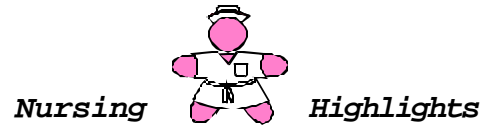
Molecular typing identified 6 separate case clusters consisting of 12 of the 98 isolates tested. Three clusters have been identified by contact investigations, while two were thought to represent laboratory contamination or mislabeling. RFLP analysis identified only one cluster of MDR-TB, not elucidated through standard techniques, and with no apparent epidemiological link.

The MDR-TB cases did not cluster by age, ethnic group, country of birth, geographic proximity, or HIV status. A majority of the MDR-TB cases were among the foreign-born (82.1%) with Mexico (26.0%), Korea (14.6%), and Vietnam (9.4%) being the most common countries of birth. The MDR-TB cases ranged from 23 months to 79 years of age with a median age of 40 years. Sixty-nine percent were male, and 13.5% were HIV-positive.

The collaborative study found that more than 90% of the MDR-TB cases in Los Angeles County occur sporadically, and likely represent pre-existing infection, re-activation, or acquired multi-drug resistance. This differs greatly from MDR-TB cases in New York, where two-thirds occurred in clusters and were the result of recent transmission.* In Los Angeles County, 99% of the TB isolates receive susceptibility testing to aggressively find and treat MDR-TB cases. MDR-TB patients are closely co-managed by the District Health Center and the TB Control Program to ensure proper treatment as well as to prevent the spread of MDR-TB.

*New England Journal of Medicine 1994; Vol. 330, #24, pp. 1710-1716.
Summarized from: Lehnkering E., Borenstein L., Nitta A., Kim J., Johnson

S., Harvey S., Wedig A., Rivas H. Restriction fragment length polymorphism (RFLP) analysis of multidrug resistant tuberculosis (MDR-TB) in Los Angeles County (LAC) 1993-1998. Interscience Conference of Antimicrobial Agents and Chemotherapy (ICAAC).



Found "Lost to Follow-Up Pulmonary TB III Case" How? By Whom? When? Where?

Merlinda de Leon, PHN at Monrovia Health Center, located a "Lost to Follow-Up Pulmonary TB III patient during ERN clinic. She was interviewing the mother of a five year old Pulmonary TB II patient and was told that the father was diagnosed with tuberculosis in 1998. The father was waiting at the health center to take his family home.

The father was interviewed and confirmed the fact that he had been diagnosed by a PMD in November 1998. He admitted that he did not complete treatment. The father immediately received a chest x-ray and sputum was collected. The sputum was reported to be smear positive. A search of 1998 records revealed that the father's x-ray showed bilateral cavitory disease - no sputums were collected. The father was not located by the health department at that time.

This case reveals the importance of skillful assessment and prompt intervention in the management of tuberculosis in Los Angeles County. Good job Melinda!

If you know of a situation that demonstrates the daily dedicated performance of nurses in Community Health Services, please share them with us. Send your information or article to Barbara Lewis, APS at TB Control. Our thanks go out to Linnie Henry, APS, for sharing this case with us.

Case Reporting ! ! !

As the year rapidly draws to a close, there are still many outstanding culture positive suspects that have not been confirmed as cases. As of November 18, 1999, 139 culture positive TB suspects were not confirmed. All cases need to be confirmed by December 31, 1999 in order to be accurately included in the case count for 1999. TB Control urges everyone to submit and/or follow-up any outstanding paperwork. If you have any questions about reporting, call TB Control at (213) 744-6160.



**Martha Hawkins Named
"Employee Of The Year"**

In the September issue of the TB Times, we announced that Martha Hawkins, Registry Supervisor in our Surveillance Unit, had been selected as employee of the year for Public Health Programs and Services. Having won that distinguished honor, Martha was automatically placed among the thirteen finalists nominated to receive the employee of the year award for the entire Los Angeles County Department of Health Services. A month later, she was happily surprised to learn that she was the winner of that title as well. Out of a department of nearly 30,000 employees, she was selected the best for 1999!

In evaluating the finalists, the panel of judges took into consideration a number of criteria including the following: employee and departmental productivity, quality of work, maintenance of quality control and quality assurance parameters, ability to maintain excellent teamwork and group cohesiveness, supervisory abilities, and the employee's personality. Martha was recognized and commended at a D.H.S. luncheon on October 21, 1999 and was presented with an engraved plaque and certificate.

Her work at TB Control has spanned the last nine years where she has assisted the Registry, MDR, Assistant Program Specialist, and Liaison Units. The only two areas in which she has not had the opportunity to work have been the Refugee and Health Education Units.

When asked what she attributes her success to as a supervisor and employee, Martha acknowledged that flexibility and patience are essential qualities. She has the ability to adapt to changing circumstances and to effectively communicate her expectations to her staff. One of Martha's notable qualities is her ability to be an empathetic listener. Above all, she values honesty and integrity in her interpersonal relationships and in the quality of the results that she and her staff produce. Great work from a great lady . . . we're all proud of you!



F.Y.I.

People In The News

Welcome to all our new employees who have recently joined us or who will be with us shortly.

David Berger has joined the staff of TB Control on November 16 as Program Manager II. David will be assuming a combination of the responsibilities previously held by Jim Swanson (Program Manager) and Phillip Moore (Executive Assistant). He will be reporting directly to Dr. Davidson. David comes to our program with previous experience in tuberculosis issues, having worked with the Los Angeles County branch of the American Lung Association as Program Manager for their tuberculosis and air quality management programs.

Natalie Besse, PHN has been recruited to replace Pat Manning, PHN as the Liaison Nurse at Men's Central Jail and will be joining the staff on December 1, 1999.

An Duong will also be joining the program on December 1st as Assistant Staff Analyst. She will be in charge of Administration of contracts and grants among other management duties.

On November 17, 1999 Jessica Sagucio came on board as a new Student Professional Worker. She was recruited to assist Laura Knowles in the Epidemiology Unit.

Gloria Torres joined TB Control on November 23rd and is working at the front reception desk as an Intermediate Typist Clerk.

And finally, Juan Alas began on October 5th as a Student Professional Worker in the Surveillance Unit's H-304 data entry division. We did not mention him in our last issue and wanted to welcome him at this time.

**Happy Holidays!
From TB Control.**





***New computerized Reporting System
Helps To Streamline
The Public Health Laboratory***

A new computerized laboratory reporting system is currently being implemented at the Public Health Lab. The new "SunQuest" system has several advantages compared to the previous "Paradox" reporting system. To begin, the SunQuest system operates as a network that links all divisions of the Public Health Lab. SunQuest also has the capacity to branch out to all the health centers and hospitals in the county. Prior to the SunQuest computer system, no computerized networking system existed.

Another advantage the SunQuest system affords is the ease with which reports are generated. Lab personnel no longer have to record information manually and computerized print outs and reports are easily obtained. Although the new reporting system is still in the beginning stages, the potential for more efficient and accurate reporting of lab results within the health care system of Los Angeles County is well on its way.

Look for more information on this new system in upcoming issues of the TB Times.

TB Skin Test Mandate Update

Thank you to all of the schools for their continued participation in the Tuberculosis Skin Test Mandate. Here are last year's results (1998-1999).

Report forms were received for 192,703 students in Los Angeles County, with 165,610 Kindergarteners and 27,093 students who had never previously attended school in California. Return rates are reported below by type of school.

***1998-1999 School Mandate Reporting
by School Type***

	% of Total (# enrolled)	% Returned
Catholic	3.4 (6,615)	83.3
Private	6.9 (13,302)	58.5
Public	46.9 (90,382)	93.9
LA Unified	42.6 (82,111)	96.9
All Schools	100.0 (enr= 192,703)	82.2

* 4 schools were not included in the totals because they were not classified by type. They accounted for 0.2% (293/192703) of the total enrollment.

The percent of all students reported in the Skin Test Mandate with a positive reaction to the Mantoux Skin Test was 3.6% (6946/192703). The results are presented below by school type, and by place of birth (US or Foreign). The high percent of foreign-born students with a positive Skin Test reaction in the Catholic Schools must be viewed with caution, as there were only 189 foreign-born students reported among the 6,615 students participating.

All Students (K-12) Reported in 1998-1999

	% of US-born Student with (+) Skin Test	% of Foreign- Born Students with (+) Skin Test	% of Total Students with (+) Skin Test
Catholic	1.6	44.4	2.9
Private	1.5	10.1	1.9
Public	1.2	17.8	3.3
LA Unified	1.5	16.9	4.3
All Schools	1.4	17.3	3.6

There were a total of 151,700 Kindergarteners, of which 142,658 were US-born, 8,096 were Foreign-born, and 946 were waivers. Again, the percent of foreign-born students with a positive skin test result in Catholic Schools must be viewed with caution as there were only 106 foreign-born students reported among the 6,294 Kindergarteners participating.

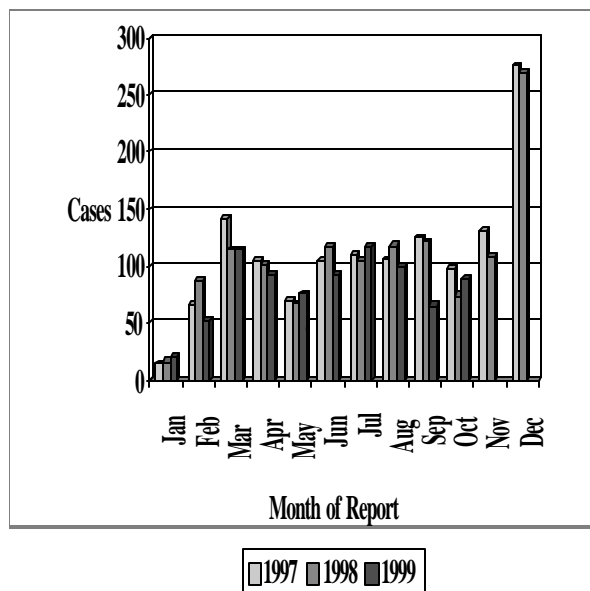
Kindergarten Students Reported in 1998-1999

	% of US-born Students with (+) Skin Test	% of Foreign- born Students with (+) Skin Test	% of Total Students with (+) Skin Test
Catholic	1.5	54.7	2.4
Private	1.6	6.6	1.6
Public	0.9	14.5	1.6
LA Unified	1.1	13.5	2.0
All Schools	1.0	14.3	1.8

Tuberculosis Cases by Health District Los Angeles County, October 1999 (Provisional Data)*

Service Area	Health District	October 1999	October 1998	Year to Date 1999	Year to Date 1998
SPA 1	Antelope Valley	2	0	18	11
SPA 2	East Valley	4	6	33	49
	West Valley	3	4	39	53
	Glendale	3	0	17	19
	San Fernando	0	1	21	21
SPA 3	El Monte	9	2	49	41
	Foothill	1	3	12	19
	Alhambra	5	9	50	70
	Pomona	3	3	20	45
SPA 4	Hollywood	4	10	75	89
	Central	4	10	86	106
	Northeast	4	3	45	36
SPA 5	West	3	6	27	35
SPA 6	Compton	4	3	27	29
	South	3	2	21	33
	Southeast	3	1	20	27
	Southwest	7	1	50	46
SPA 7	Bellflower	10	2	36	27
	San Antonio	5	0	33	36
	Whittier	3	0	23	9
	East Los Angeles	2	2	22	23
SPA 8	Inglewood	5	3	42	45
	Harbor	0	0	9	9
	Torrance	2	2	31	33
	Unassigned	0	1	5	8
	TOTAL	89	74	811	919

Los Angeles County Tuberculosis Control *Tuberculosis Incidence* *By Month of Report, 1997-1999*



TB Times Editorial Staff

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TB Times is a monthly publication to provide information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments, suggestions or address corrections to:

TB Times

Tuberculosis Control Program

2615 S. Grand Ave., Rm. 507

Los Angeles, CA 90007

Attn: Bob Miodovski, M.P.H

Office: (213) 744-6229

Fax: (213) 749-0926

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County of Los Angeles

Department of Health Services

Tuberculosis Control Program

2615 S. Grand Ave., Room 507

Los Angeles, CA 90007



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